07/26/2007 11:39

Image# 27931012085

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines North Carolina Hospital Association Political Action Committee - Federal P.O. Box 4449 ADDRESS (number and street) Check if different than previously Cary NC 27519 4449 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS **AMENDED** NEW C00194647 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Suzanne Coker Type or Print Name of Treasurer Electronically Filed by Ms. Suzanne Coker 07 26 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name North Carolina Hospital Association Political Action Committee - Federal [®] D " D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2007 79734.80 January 1 (b) Cash on Hand at 79734.80 Begining of Reporting Period 52049.33 52049.33 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 131784.13 131784.13 6(a) and 6(c) for Column B) 48084.12 48084.12 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 83700.01 83700.01 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

м м 0 1

Report Covering the Period:

From:

D D D

^Y 2 0 0 7

To:

м м 0 6 ^D 3 0

^Y 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons Other			
	Fhan Political Committees i) Itemized (use Schedule A)	14155.60	14155.60
(ii) Unitemized	37873.20	37873.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	52028.80	52028.80
(b) F	Political Party Committees	0.00	0.00
(-)	Other Political Committees such as PACs) Fotal Contributions (add Lines	0.00	0.00
	1(a)(iii),(b) and (c)) (Carry Fotals to Line 33, page 5)	52028.80	52028.80
	fers From Affiliated/Other Committees	0.00	0.00
3. All Lo	ans Received	0.00	0.00
	Repayments Receivedts To Operating Expenditures	0.00	0.00
(Refu (Carry	nds, Rebates, etc.) 7 Totals to Line 37, page 5)	0.00	0.00
to Fed	deral candidates and Other	0.00	0.00
	Federal Receipts ends, Interest, etc.)	20.53	20.53
-	sfers from Non-Federal and Levin Funds		
	on-Federal Account from Schedule H3)	0.00	0.00
(b) L	evin Funds (from Schedule H5)	0.00	0.00
(c) To	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	52049.33	52049.33
	Federal Receipts ract Line 18(c) from Line 19)	52049.33	52049.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to Affiliated/Other Party		
Committees	47800.00	47800.00
Federal Candidates/Committeesand Other Political Committees4. Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made8. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	284.12	284.12
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	48084.12	48084.12
, , , , , , , , , , , , , , , , , , , ,	48084 12	48084.12
 Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) 	48084.12	48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
otal Contributions (other than loans) rom Line 11(d), page 3)	52028.80	52028.80
 otal Contribution Refunds rom Line 28(d))	0.00	0.00
et Contributions (other than loans) subtract Line 34 from Line 33)	52028.80	52028.80
otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	0.00	0.00
offsets to Operating Expenditures rom Line 15, page 3)	0.00	0.00
et Operating Expenditures subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 6 / 20
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
A said	-1		13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may name and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
North Carolina Hospital Association Po	litical Actio	n Committee - Federal	
Full Name (Last, First, Middle Initial) A. Mr. Linwood Jones			Date of Receipt
Mailing Address Post Office Box 4449			01 02 2007
City	State	Zip Code	Transaction ID: 13547923
<u>Cary</u>	NC	27519-4449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		480.00
Name of Employer North Carolina Hospital Association	Occupatio General		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		480.00	
Other (specify)	0 0	480.00	
Full Name (Last, First, Middle Initial) Mr. Robert J Bednarek			Date of Receipt
Mailing Address Box 1116			03 / 03 / 2007
City	State	Zip Code	Transaction ID: 14003661
<u>Brevard</u>	NC	28712-1116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Transylvania Community Ho-	Occupatio		7
<u>spital</u>		t and Chief Executive Officer	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		400.00	
Full Name (Last, First, Middle Initial) C. Mr Jim Tobalski			Date of Receipt
Mailing Address 2085 Frontis Plaza Bou	llevard		03 13 2007
City	State	Zip Code	Transaction ID: 14003663
Winston Salem	NC	27103-5614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer Novant Health	Occupatio Senior V	n ice President Marketing and	Co
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		400.00	
Other (specify) ▼	0 0	+00.00	
SUBTOTAL of Receipts This Page (optional)			1280.00
TOTAL This Period (last page this line number of	only))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/20
ıŦ	EMIZED RECEIPTS		or each category of the	(check only one)
II LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
		, 3	13 14 15 16 17	
Ar	ny information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	North Carolina Hospital Association Poli	itical Action	n Committee - Federal	
Α.	Full Name (Last, First, Middle Initial) Mr. David O Rice	Date of Receipt		
	Mailing Address 262 Leroy George Drive	03 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14003667
	Clyde	NC	28721-7430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Haywood Regional Medical Center	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Mr. R Timothy Rice			Date of Receipt
	Mailing Address 1200 North Elm Street			03 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14003669
	Greensboro	NC	27401-1004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Moses Cone Health System	Occupation Presiden	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		100.00	1
	Other (specify) ▼		400.00	
С.	Full Name (Last, First, Middle Initial) Ms. Sharon M Tanner			Date of Receipt
	Mailing Address P O Box 1587			03 28 2007
	City	State	Zip Code	Transaction ID: 14003709
	Elizabeth City	NC	27906-1587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Albemarle Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1200.00

TOTAL This Period (last page this line number only)

C				FOR LINE NUMBER: PAGE 8 / 20
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δ	ny information copied from such Reports and Sta	ntomonte may	y not be cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	from the sold of used by any personal discussions and political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	North Carolina Hospital Association Po	litical Action	n Committee - Federal	
\angle				
A.	Full Name (Last, First, Middle Initial) Mr. Dave C McRae			Date of Receipt
	Mailing Address P O Box 6028			M M / D D / Y Y Y Y
	City	Ctoto	Zin Codo	04 09 2007
	City Greenville	State NC	Zip Code	Transaction ID: 14003773
		INC	27835-6028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer University Health Systems	Occupation	ı	7
	of Eastern C		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)		+00.00	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Dennis R. Barry			Date of Receipt
	Mailing Address 3911 Brass Cannon Ct.	M M / D D / Y Y Y Y		
	City	Ctata	7in Code	04 09 2007
	City Greensboro	State NC	Zip Code 27410-9229	Transaction ID: 14003779
		INC	27410-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
		10		_
	Name of Employer Moses Cone Health System	Occupation CEO Em		
	Receipt For:		Year-to-Date V	-
	Primary General	7 1991 09410		1
	Other (specify) ▼	1	400.00	
C.	Full Name (Last, First, Middle Initial) Mr. Joseph F Damore			Date of Receipt
	Mailing Address 509 Biltmore Avenue			M M / D D / Y Y Y Y
	Cit.	Ctata	7in Onda	04 09 2007
	City Asheville	State NC	Zip Code	Transaction ID: 14003899
		INC	28801-4690	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			400.00
	Name of Employer Mission Hospitals	Occupation President	n tand Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify) ▼		400.00	
_				
				1200.00
	UBTOTAL of Receipts This Page (optional)		······	
1				

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 20 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	<u> </u>
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) North Carolina Hospital Association Polit	ical Action	n Committee - Federal		
۹.	Full Name (Last, First, Middle Initial) Mr. Richard E Hudson, , FACHE Mailing Address 1705 Tarboro Street, SW	,		Date of Receipt	
	City	State	Zip Code	0 4 0 9 2 0 0 7 Transaction ID: 14003901	_
	Wilson	NC	27893-3428	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		400.00)
	Name of Employer Wilson Medical Center	Occupation President	n and Chief Executive Officer		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00		
3.	Full Name (Last, First, Middle Initial) Mr. Len B Preslar			Date of Receipt	
	Mailing Address Medical Center Boulevard	04 18 2007			
	City	State	Zip Code	Transaction ID: 14021533	
	Winston Salem	NC	27157-0001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		400.00)
	Name of Employer North Carolina Baptist Ho- spital (Wake	Occupation President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		400.00		
— Э.	Full Name (Last, First, Middle Initial) Mr Paul S Franz			Date of Receipt	
	Mailing Address P O Box 32861			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14021545	
	Charlotte	NC	28232-2861	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		400.00)
	Name of Employer Carolinas HealthCare Syst- em	Occupation Executive	n e Vice President Operations		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00		
S	JBTOTAL of Receipts This Page (optional)			1200.00	
т	OTAL This Period (last page this line number onl	y))		

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 10 / 20	
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			13 14 15 16 17	
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
North Carolina Hospital Association Poli	itical Actio	n Committee - Federal		
Full Name (Last, First, Middle Initial) A. Mr. Paul M Wiles			Date of Receipt	
Mailing Address 2085 Frontis Plaza Boul	evard		04 / 23 / Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 14047684	
Winston Salem	NC	27103-5614	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		400.00	
Name of Employer Novant Health	Occupation President	n t and Chief Executive Officer	_	
Receipt For:	Aggregate	e Year-to-Date ▼	7	
Primary General	-	400.00	1	
Other (specify) ▼	0 0	400.00		
Full Name (Last, First, Middle Initial) Mr. Gregory J Beier			Date of Receipt	
Mailing Address 3333 Silas Creek Parkw	Mailing Address 3333 Silas Creek Parkway			
City	State	Zip Code	Transaction ID: 14047686	
Winston Salem	NC	27103-3013	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		400.00	
Name of Employer Forsyth Medical Center	Occupation President	n t and Chief Executive Officer		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		400.00		
☐ Other (specify) ▼	0 0	***************************************		
Full Name (Last, First, Middle Initial) Ms. Jacque D. Gattis			Date of Receipt	
Mailing Address 5095 Seven Hills Rd.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State	Zip Code	Transaction ID: 14047720	
<u>Pfafftown</u>	NC	27040-9784	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		400.00	
Name of Employer Novant Health	Occupation Senior V	n P, Human Resources		
Receipt For:	•	e Year-to-Date ▼	7	
Primary General		400.00		
Other (specify)	0 0	400.00		
SUBTOTAL of Receipts This Page (optional)			1200.00	
TOTAL This Period (last page this line number or	ılv)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 11/20	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
"	LWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Δr	ny information copied from such Reports and Sta	tements may	not he sold or used by any nerso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	North Carolina Hospital Association Pol	itical Action	n Committee - Federal		
	Full Name (Last, First, Middle Initial)			5	
Α.	Mr. Wayne F Shovelin Mailing Address P O Box 1747			Date of Receipt	
Mailing Address PO Box 1/4/				04 30	2007
	City	State	Zip Code	Transaction ID: 14	.099607
	Gastonia	NC	28053-1747	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			400.00
	Name of Employer Gaston Memorial Hospital	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		400.00		
	Other (specify)	0 0	400.00		
В.	Full Name (Last, First, Middle Initial) Ms. Millie Harding			Date of Receipt	
	Mailing Address 1113 Pearson Farms Road			04 30	2007
	City	Zip Code	Transaction ID: 14	099609	
	Apex	NC	27502-6741	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			400.00
	Name of Employer North Carolina Hospital	Occupation	n	7	
	Association	1	ce President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		400.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Jeffrey S Miller Mailing Address P O Box HP-5			Date of Receipt	
	Mailing Address P O Box HP-5			05 02	2007
	City	State	Zip Code	Transaction ID: 14	117534
	High Point	NC	27261-1899	Amount of Each Re	
	FEC ID number of contributing			1 1 1 1	400.00
	federal political committee.				400.00
	Name of Employer High Point Regional Health	Occupation			
	System	1	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		400.00		
_	Strict (Specify)	0 0			
s	UBTOTAL of Receipts This Page (optional)		·····		1200.00
T	OTAL This Period (last page this line number or				

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 20 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the r	itements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	North Carolina Hospital Association Pol	itical Action	n Committee - Federal	
۹.	Full Name (Last, First, Middle Initial) Mr. Steve Lawler			Date of Receipt
	Mailing Address 3905 Cantata Dr.			05 / 03 / 4 2007
	City	State	Zip Code	Transaction ID: 14122942
	Greenville	NC	27858-6066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Pitt County Memorial Hosp- ital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	1
	Carlot (openity) 🔻	0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial) Mr. Gary R. Bowers			Date of Receipt
	Mailing Address 24 Crooked Oak Ct.			05 07 2007
	City	State	Zip Code	Transaction ID: 14140596
	Hendersonville	NC	28791-9078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer Western NC Health Network	Occupation Executive		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		260.00	
 C.	Full Name (Last, First, Middle Initial) Mr. William S Clark			Date of Receipt
	Mailing Address 209 Fuller Street			05 15 2007
	City	State	Zip Code	Transaction ID: 14157450
	Whiteville	NC	28472-2715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	Name of Employer Columbus County Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	, ,	240.00	
SI	JBTOTAL of Receipts This Page (optional)			900.00
т/	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/20	
TEMIZED RECEIPTS		or each category of the	(check only one)	
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)				
North Carolina Hospital Association Po	olitical Actio	n Committee - Federal		
Full Name (Last, First, Middle Initial) Dr. William J Fulkerson, , M.D.			Date of Receipt	
Mailing Address 815 Pleasant Green R	d.		05 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 14161989	
Hillsborough	NC	27278-7805	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		400.00	
Name of Employer Duke University Hospital	Occupation Chief Exe	n ecutive Officer		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		400.00		
Full Name (Last, First, Middle Initial) 3. Dr. Richard Lang, MD.			Date of Receipt	
Mailing Address 2903 Bald Creek Road	Mailing Address 2903 Bald Creek Road			
City	State	Zip Code	Transaction ID: 14173642	
Clyde	NC	28721-7770	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		400.00	
Name of Employer Haywood Regional Medical	Occupation			
Center Receipt For:	Physician	n e Year-to-Date ▼	_	
Primary General	Aggregate		1	
Other (specify) ▼		400.00		
Full Name (Last, First, Middle Initial) Mr. Carl S. Armato	•		Date of Receipt	
Mailing Address 12521 Preservation Po	ointe Dr.		05 / 22 / 2007	
City	State	Zip Code	Transaction ID: 14173648	
Charlotte	NC	28216-6735	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		400.00	
Name of Employer Presbyterian Hospital	Occupation Presiden			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		400.00		
SUBTOTAL of Receipts This Page (optional)			1200.00	
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TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3X)			Llea caparata cabadula(c)	FOR LINE NUMBER: PAGE 14 / 20
	ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	r not be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	North Carolina Hospital Association Polit	ical Actior	n Committee - Federal	_
A.	Full Name (Last, First, Middle Initial) Dr. William K Atkinson, , Ph.D.			Date of Receipt
	Mailing Address 309 Cambridge Woods V	Way		05 24 2007
	City	State	Zip Code	Transaction ID: 14177753
	Raleigh	NC	27608-1036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer WakeMed Raleigh Campus	Occupation President	n and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	
	Other (specify) ▼	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Mr. John G Currin, Jr.			Date of Receipt
	Mailing Address 211 Travis Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	05 29 2007
	Gibsonville	NC	27249-3304	Transaction ID: 14190528
		INC	27249-3304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Alamance Regional Medical	Occupation President		
	Center Receipt For:		Year-to-Date ▼	-
	Primary General	00 0		1
	Other (specify) ▼		400.00	
C.	Full Name (Last, First, Middle Initial) Mrs Phyllis Wingate-Jones			Date of Receipt
	Mailing Address 5522 Challis View Ln.			M M / D D / Y Y Y Y
	City	State	Zip Code	0 6 0 6 2 0 0 7 Transaction ID: 14237965
	Charlotte	NC	28226-2682	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		400.00
	Carolinae Módióal Contor	Occupation		
	Mercy		, CMC-Mercy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
	Curio (openity) •	• •	0 0 0 0 0 0 0 0	
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SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15/20		
		Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
		Detailed Summary Page	13 14 15 16	17	
Any information copied from such Reports and S	tatements may	v not he sold or used by any nerso			
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
North Carolina Hospital Association Po	olitical Actio	n Committee - Federal			
/ North Garolina Hospital Association 1	ontical Actio	ii committee i ederai			
Full Name (Last, First, Middle Initial)					
A. Ms. Kathryn E. Heilig			Date of Receipt		
Mailing Address 5404 Earle Road			M M / D D / Y Y Y Y		
			06 12 2007		
City	State	Zip Code	Transaction ID: 14246672		
Raleigh	NC	27606-9200	Amount of Each Receipt this Period		
FEC ID number of contributing				\neg	
federal political committee.	C		400.00		
Name of Employer North Carolina Hospital	Occupatio	n			
Association	Vice Pres	sident			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General	1 1	400.00			
Other (specify)		400.00			
Full Name (Last, First, Middle Initial)					
Mr. W. Spencer Lilly			Date of Receipt		
Mailing Address 9306 Copans Glen Ln.			M M / D D / Y Y Y Y		
			06 12 2007		
City	State	Zip Code	Transaction ID: 14246674		
<u>Huntersville</u>	NC	28078-6489	Amount of Each Receipt this Period		
FEC ID number of contributing			300.00	7	
federal political committee.	С		300.00		
Name of Frankrica	10	_	_		
Name of Employer Carolinas Medical Center-	Occupatio				
University	Administ		_		
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General		300.00			
Other (specify)	0 0				
Full Name (Last First APARIS 1995)			-		
Full Name (Last, First, Middle Initial) Mr. Frederick G Thompson, , Ph.D.			Date of Receipt		
Mailing Address 127 Trexler Dr.			M M / D D / Y Y Y Y		
TEATER DI.			06 12 2007		
City	State	Zip Code	Transaction ID: 14246692		
Wadesboro	NC	28170-2627	Amount of Each Receipt this Period		
				\neg	
FEC ID number of contributing federal political committee.	C		400.00		
				_	
Name of Employer Anson Community Hospital	Occupatio				
Anson Community Hospital	Administ	rator and Chief Executive Of	fi		
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General		100.00			
Other (specify)		400.00			
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SUBTOTAL of Receipts This Page (optional)			1100.00		
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TOTAL This Period (last page this line number	only)	>		_	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/20
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II LIMIZED RECEIF 13	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name a	ts may not be sold or used by any person nd address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
North Carolina Hospital Association Political	Action Committee - Federal	
North Carolina Hospital Association Folitical	Action Committee - Lederal	
Full Name (Last, First, Middle Initial)		
A. Ms Deborah G Friberg		Date of Receipt
Mailing Address 917 Welland Ct.		M M / D D / Y Y Y Y
01	. 7. 0 1	06 12 2007
•	ate Zip Code	Transaction ID: 14246694
Raleigh	C 27614-9083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		400.00
rederal political committee.		
Name of Employer WakeMed Raleigh Campus Occ Ware Management	upation	
Wakewed Raieigh Campus Ser	ior Vice President and Chief Opera	
Receipt For: Agg	regate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	400.00	
E HALL (I I E LAKIH LIVIA)		
Full Name (Last, First, Middle Initial) B. Mr. Rick Parker		Date of Receipt
Mailing Address 150 Dove Lane		M M / D D / Y Y Y Y
Too Bove Earle		06 12 2007
City	ate Zip Code	Transaction ID: 14246698
<u>Salisbury</u> No	C 28147-7844	Amount of Each Receipt this Period
FEC ID number of contributing		214.00
federal political committee.		214.00
Name of Employer	upation	
Rowan Regional Medical Ce-	Clinical & Support Services	
11(0)	regate Year-to-Date ▼	
Primary General		
Other (specify) ▼	214.00	
Full Name (Last, First, Middle Initial)		
C. Mr Dean Swindle		Date of Receipt
Mailing Address 2850 Bitting Road		06 18 2007
City St	ate Zip Code	Transaction ID: 14265998
Winston Salem No	•	Amount of Each Receipt this Period
	27101 0001	Amount of Each recorpt this remod
FEC ID number of contributing federal political committee.		400.00
Novant Health	upation	
	cutive Vice President and Chief Fin	
Receipt For: Agg	regate Year-to-Date ▼	
Other (specify)	400.00	
Caron (opponiy) 🔻		
SUBTOTAL of Receipts This Page (optional)		1014.00
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TOTAL This Period (last page this line number only)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/20 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) North Carolina Hospital Association Political	al Action	n Committee - Federal	
Α.	Full Name (Last, First, Middle Initial) Jimm Bunch			Date of Receipt
	Mailing Address 21 Bainbridge Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14276039
	Arden	NC	28704-9601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		261.60
	Park Didgo Hoćnital	ccupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 261.60	
В.	Full Name (Last, First, Middle Initial) Kami Anderson			Date of Receipt
	Mailing Address 1620 Goley Hewett Rd. #30			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
		State	Zip Code	Transaction ID: 14276043
	Bolivia	NC	28422-8254	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	J. Arthur Doshér Memorial	occupation nesthes		
	1 loopital		Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Charles T. Frock			Date of Receipt
	Mailing Address PO Box 5109			0 6 2 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 14284510
	Pinehurst	NC	28374-5109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	FiretHealth of the Caroli	ccupation resident	n t & Chief Executive Officer	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
s	UBTOTAL of Receipts This Page (optional)			1061.60
 -	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 18/20 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) North Carolina Hospital Association Political Action Committee - Federal Full Name (Last, First, Middle Initial) Mr. Gary L Park Date of Receipt Mailing Address 409 Meadowmont Lane 06 28 2007 City State Zip Code Transaction ID: 14284512 Chapel Hill NC 27517-8134 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Name of Employer University of North Carol-ina Hospitals Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ General Primary 400.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	400.00
TOTAL This Period (last page this line number only)	<u> </u>	14155.60

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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 19/20
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check online)	y one) X 22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the na			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	North Carolina Hospital Association Polit	ical Action Committee - Fed	eral	
	Full Name (Last, First, Middle Initial)			Transaction ID: 13620869
۹.	AHAPAC			Date of Disbursement
	Mailing Address 325 Seventh Street, NV	I		01
	City	State Zip Code		Amount of Each Disbursement this Period
	Washington	DC 20004		
	Purpose of Disbursement	Ir		47800.00
	Transfer to AHAPAC		008	
	Candidate Name		Category/ Type	
	Office Sought: House Disbur	sement For:	Турс	
	Senate	Primary General		Transfer to AHAPAC
	President	Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	47800.00
TOTAL This Period (last page this line number only)	•	47800.00

C	CHEDINE DI /EEC Form O	v				_
	CHEDULE B (FEC Form 3)	′ Use sepe	erate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 20 / 20	_
ΙT	EMIZED DISBURSEMENT		category of the	21b	7 22	
		Detailed	Summary Page	27	28a 28b 28c X 29 30	
					for the purpose of solicating contributions	
or	for commercial purposes, other than using	g the name and addres	ss of any political	committee to so	blicit contributions from such committee	_
$ \setminus $	NAME OF COMMITTEE (In Full)					
1/	North Carolina Hospital Association	on Political Action (Committee - Fe	ederal		
<u></u>	Full Name (Last, First, Middle Initial)					_
A.	BB&T				Transaction ID: 14386846 Date of Disbursement	
	DDXI					
	Mailing Address 1821 S. Main St.				$\begin{array}{c c} \begin{array}{c c} M & M \end{array} & \begin{array}{c c} D & D \\ \hline \end{array} & \begin{array}{c} D & D \\ \end{array} & \begin{array}{c} Y & Y & Y & Y \\ \end{array} & \begin{array}{c}$	
	City	State	Zip Code		Amount of Each Disbursement this Period	
	Wake Forest	NC	27587			
	Purpose of Disbursement				50.48	
	Bank Fees			001		
	Candidate Name			Category/		
	055 0	D'alamana Fam		Туре		
	Office Sought: House Senate	Disbursement For: Primary	General		Bank Fees	
	President	Other (spe				
	State: District:	Other (spe	.ony) ▼			
_	Full Name (Last, First, Middle Initial)				Transaction ID: 14000000	-
B.	BB&T				Transaction ID: 14386853 Date of Disbursement	
	Mailing Address 1821 S. Main St.				$\begin{array}{c c} \begin{array}{c c} M & M \\ \hline \end{array} \begin{array}{c} D & D \\ \hline \end{array} \begin{array}{c} D & D \\ \hline \end{array} \begin{array}{c} Y & Y & Y & Y \\ \hline \end{array} \begin{array}{c} Y & Y & Y \\ \end{array} \begin{array}{c} Y & Y & Y \\ \end{array} \begin{array}{c} Y & Y & Y \\ \end{array} \begin{array}{c} Y & Y &$	
	City	State	Zip Code		Amount of Each Disbursement this Period	_
	Wake Forest	NC	27587			
	Purpose of Disbursement				44.70	
	Bank Fees			001		
	Candidate Name			Category/		
	0//: 0 1: 0 1:	D: 1		Type		
	Office Sought: House Senate	Disbursement For:	General		Bank Fees	
	President	Other (spe				
	State: District:	Other (spe	:Ciiy) ▼			
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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	95.18
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